

Pickford & Associates

Taxation Specialists

We have received your request to release a copy of your tax return. Please complete the information below to authorize us to release your tax information.

This form is required by the following regulation:

[Treasury Regulation §301.7216-3\(a\)](#) states, "Unless section 7216 or §301.7216-2 specifically authorizes the disclosure or use of tax return information, a tax return preparer may not disclose or use a taxpayer's tax return information prior to obtaining a written consent from the taxpayer

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Duration of Consent (optional): _____

I, _____ authorize **Pickford and Associates** to release the following:
(Client Name)

Taxpayers is giving permission to forward a complete copy of the taxpayers
20____ tax return to

(Person or Company you wish to receive copy of return)

Reason(s) for the request _____

Note: If there are multiple reasons for requesting consent to use tax return information they may all be listed in one consent form. See Revenue Procedure 2008-35, section 6 for examples.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Taxpayer Signature:

Date: